USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS THE CLEVELAND MUSEUM OF ART FORTY-EIGHTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE APRIL 20 to MAY 22, 1966 Collaborator in any Artist REEVES Artist ROBERT Artist ROBERT Address 6180 NORMAN LANE CLEUGLOND Address No. STREET CITY ZIP CODE COUNTY THE CLEVELAND MUSEUM OF ART Bom in Cleveland FIRST NAME Entered Previous May Shows? TYES NO Entered Previous May Shows? Tel. ASS NO. STREET CITY ZIP CODE COUNTY TEL. THE CLEVELAND ARTIST NAME CLEUGLOND Address AND CLASS MEDIUM Waler CLASS MEDIUM PHOTOGRAPH TITLE TITLE CITY ON THE MOVE TITLE KATHY GIRL TITLE COUNTY TITLE KATHY GIRL TITLE KATHY GIRL TITLE KATHY GIRL TITLE TITLE TITLE KATHY GIRL TITLE KATHY GIRL TITLE THE TELL THE TE

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Artist ROBERT L. REEVES FIRST NAME LAST NAME			Artist ROBERT L.		REEVES		Artist ROBERT L. REEVES FIRST NAME LAST NAME			
ВҮ	ACCEPTED ACCEPTED REJECTION TO THE PROPERTY OF	red /	ВУ	BY T WRITE I	ACCEPTED BY	REJECTED	ACCEP TEI BY	ACCEPTED BY	ACCEPTED BY	REJECTED

This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 2,1966.

It is also understood that accepted entries will remain on exhibition until May 22 1966.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE FEBRUARY 26 THROUGH MARCH 5, 1966.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This form in duplicate is made up of N C R paper which does not require carbon.

CK

REJECTED: April 23 - May 7

ACCEPTED: May 27 - June 11